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ABSTRACT

It is estimated that, on average, three out of ten school (or as high as seven out of ten) children experience some type of school adjustment problem. This paper outlines a program designed for children who have mild school adjustment difficulties in the early grades (K-3) and who are at risk of more serious difficulties as they become older. This is an integrated services program, both school-based and community-linked, and it represents a cooperative effort between the local mental health agency and the local school district. Each child receives a 30 to 40 minute weekly play session in a specially equipped playroom at the school. Using play techniques and reflective listening, aides help the children with school adjustment problems such as shyness, aggression, or inattentiveness. Implementation of the program is best accomplished after a year of preparation. Activities during the preparation year include securing funding, identifying key players in planning the program, establishing policies and timelines, scheduling project start-up meetings, selecting and equipping the playroom, para-professional selection, and scheduling student sessions. Described here are characteristics of the elementary school where the program was initiated, the services provided, the type of staff needed, program costs, some program problems and solutions, program accomplishments, and evaluation data. Contains a list of two publications that describe/evaluate the program. (RJM)

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Safe Schools Presentation

I. TITLE: **TIPS from PIP- Primary Intervention Progam For At-Risk Students**

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II. PROGRAM OVERVIEW

Nationwide it is estimated that on the average three out of 10 school children (or as high as 7 out of 10 in some urban areas) experience some type of school adjustment problem. Initially developed in Rochester, New York in the late 1950's, the Primary Intervention Program was adopted in 1982 in California and became a California Early Mental Health Initiative qualifying for Proposition 98 funds in 1992.

The Primary Intervention Program, nicknamed PIP, is a funded project designed for children identified as having mild school adjustment difficulties in the early grades (K-3), and who are at risk of more serious difficulties as they become older. This program is not designed for children considered "high risk" and who require professional counseling or other interventions.

Children with school adjustment problems are identified through the use of screening procedures. Parent permission is obtained before a student is admitted to the program. A parent conference is held during the middle of the twelve week session. After being identified the children receive services by carefully selected, trained paraprofessional child aides.

PIP is an integrated services program, both school-based and community-linked, and a cooperative effort between the local mental health agency and the local school district. At Blacow Elementary School the school psychologist and a licensed social worker from the nonprofit Tri-City Community Mental Health agency provide the training and supervision of the paraprofessional aides.

Each child receives a 30 to 40 minute weekly play session in a specially equipped playroom at the school. Using play techniques and reflective listening, the aides help the children with school adjustment problems such as shyness, aggression, or inattentivenes. The paraprofessional aide is not a teacher or a therapist but a "special friend" who works one-on-

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one with the child in a non-directive play environment.

As a model Early Mental Health Intervention program PIP has proven effective in helping children adjust to the school environment and learn more coping skills. Student success is measured as improvement in learning behaviors, attendance, school adjustment, and school-related competencies.

III. PURPOSE

The Primary Intervention Program at Blacow Elementary School is designed to provide early intervention into the lives of at-risk primary students enabling them to adapt early on, in the first few years of school, to become successful in the school system. The program goals are:

To enhance the mental health and social development of young children

To ensure that children get a good start in school

To increase the likelihood of success in school

To decrease the likelihood of needing more costly services as children get older and early difficulties are left unchecked

To increase personal competencies related to life success

To increase adjustment to school

To increase attendance at school

In summary, the purpose of the individualized quality time that each child experiences in the playroom environment is to aide the child in developing self esteem, self-confidence, stronger social skills, and a positive school attitude. The long term goal of the Primary Intervention Program is to prevent, early on in the primary grades, the factors of at-riskness which later on can lead to poor school attendance, teen pregnancies, drug and alcohol abuse, delinquency, and suicide.

IV. IMPLEMENTATION PERIOD

The Primary Intervention Program was initially begun at Blacow Elementary School in 1988 with the submission of a funding proposal which was denied that year. In 1989 a volunteer program was begun which was funded in 1990 with a three-year grant through the California Early Mental Health Initiative. A second district school was funded in 1991 for three years. In 1993 Blacow funded its own program for a year.

Implementation of the program is best accomplished after a year of preparation. Activities during the preparation year include writing the grant proposal or seeking other funding, identifying the key players in planning the program, establishing policies and timelines, project start-

up meetings such as the initial faculty meeting and initial parent/community meeting, selecting and equipping the playroom, paraprofessional selection, and scheduling student sessions.

V. CHARACTERISTICS OF PROGRAM SITE(DISTRICT, SCHOOL, AND STUDENTS)

Blacow Elementary School serves over 600 elementary students from kindergarten through 6th grade. The school has a number of special education programs including special day class for learning handicapped students, a resource program, a vision impaired class, and a severely handicapped class. In addition to the special education programs, Blacow Elementary School has a number of bilingual programs including a preschool program, bilingual classes, and a parent citizenship program in the evenings. Several community advisory groups provide ongoing input from the parents and community members. Blacow is located in a low middle to low economic area primarily consisting of blue collar workers and laborers. The school has a sizeable population of Hispanic families and students. During the 1992-1993 school year Blacow was awarded the blue ribbon award as an outstanding school in California for its variety and diversity of special programs designed to meet the needs of students.

VI. TARGET POPULATION AND NUMBER OF STUDENTS SERVED

The target population of students is at-risk, not high-risk students, with school adjustment problems. Students in kindergarten through third grade are served in the program. About 30 students are served during each school year; approximately 15 students receive services each semester.

VII. SERVICES PROVIDED

Each student receives 30 to 40 minutes a week of individual services with his/her "special friend". Students are taken from the classroom to a playroom where the "special friend" gives special attention to the child. During the weekly half-hour sessions in the playroom the paraprofessional's role is to provide support and encouragement for the child. The activity is chosen by the child who sets the playroom environment. During the session several games may be played and talk may include many topics, or nothing at all, if the child chooses. Intervention is on a short-term basis with sessions being held for 12 to 15 weeks. Services are provided at school during the school day.

Sessions are provided by trained and closely supervised paraprofessional aides. Once a week the paraprofessionals meet with the

school psychologist and mental health professional to review student progress and special needs.

VIII. TYPE OF STAFF AVAILABLE AND PERCENTAGE FTE DEVOTED TO PROGRAM

The Primary Intervention Program is a cooperative effort between the local Tri-City Mental Health agency and the Fremont Unified School District. Staff time is provided by both agencies. The school psychologist is alloted one half day a week to provide the necessary training, supervision, coordinating, consultancy, and assessment for the program. Likewise the mental health professional also spend about a half day a week in program-related activities. The principal actively supported the program with consultation, attending the annual PIP conference, and public relations.

About 5 paraprofessional aides, including at least one bilingual aide were used in the program. Students assigned to the paraprofessional aides would number from one student up to about 7 students per aide. Paraprofessional aides were aides already working part-time jobs in regular or special education classrooms at Blacow School. The aides were paid on an hourly basis according to their regular salary as a classroom aide. The senior aide who was also the SIP Coordinator for the school coordinated the clerical aspects of the program and worked with one child.

IX. COST OF PROGRAM AND FUNDING SOURCE

The cost of a single contact with a child in PIP is less than $28.00. The average annual cost of helping a child can be less than $300. The average cost per school site is $20,000 a year. The average grant amount per district is $47,000.

Funding for the project came through an Early Mental Health Initiative grant to the local education agency. EMHI funds provide up to 59% of the total cost of a proposed intervention program. The balance of the program cost comes from funding or in-kind match provided by the school district and the local mental health agency.

X. PROBLEMS ENCOUNTERED AND SOLUTIONS

Obvious problems included: the maintenance of funding after the three year period of the initial grant, the maintenance of in-kind personnel time, the selection of the aides, public relations with teachers to maintain continued support, the appropriateness of student referrals, and the maintenance of administrative and district support. These problems

were overcome during 1993-1994, but with the pressures of a new administrative philosophy at both local and district levels, reduced funding, teacher pressure for more assistance with high-risk students, and a reduction of in-kind psychological services the program folded at the end of the school year.

XI. PROGRAM ACCOMPLISHMENTS/REPORTED OUTCOMES

Data from the Teacher Child Rating Scales (TCRS) were conclusive each year that the time spent in the playroom with a "special friend" improved students competencies in frustration tolerance, assertive social skills task orientation, and peer sociability, and reduced problem behaviors in the areas of acting-out, shy-anxious, and learning. Within-group t tests were run on the 3 problem behaviors and problem total, and on the 4 competency behaviors and a competency total. Changes were statistically significant in all categories during the 1990-1991 school year. In 1991-1992 changes in all categories but acting out were statistically significant. During the third year, 1992-1993, although changes were reported the within-group t-ratios indicated that changes in learning, frustration tolerance, assertive social skills, task orientation, and peer sociability were not statistically significant.

The following program goals were accomplished:

to enhance the mental health and social development of young children

to ensure that children get a good start in school

to increase the likelihood of success in school

to decrease the likelihood of needing more costly services as children get older

to increase personal competencies related to life success

to increase adjustment to school

In conclusion, the program was successful in reducing problem behaviors and in increasing competencies for school success. In addition, the primary intervention program reduced overall referrals for counseling services and special education referrals.

XII. EVALUATION DATA

One of the primary aspects of PIP is systematic screening. All first graders are screened using the AML-R-Behavior Rating Scale. Other primary students may also be screened using this instrument. At Blacow referrals may also be made by parents, teachers, the Principal or other

school staff, including the Child Study Team. Screening takes place in late September or early October after the teachers have had an opportunity to become acquainted with their students. The AML-R Behavior Rating Scale is a quick screening instrument designed to help identify young children experiencing early school adjustment problems. It measures the frequency of: acting out (A), moodiness (M), and learning difficulty (L) behaviors. In addition, the total AML-R score provides an overall index of a child's school adjustment problems.

The Teacher-Child Rating Scale (T-CRS) is used both for second level screening and diagnosis, and ongoing assessment. Used as a screening instrument, it assesses a child's emotional behavioral, social, and general school adjustment and is filled out by the teacher before the student starts the play sessions. Specific behavioral problems and competency areas can be assessed by looking at each scale or individual items. The T-CRS is used as a pre-post check of a child's progress. At the end of the sessions the rating scale is filled out a second time. The information for both pre and post assessment is entered on scantrons by the school psychologist or mental health worker and sent to Rochester, New York for data processing.

XIII. PUBLICATIONS DESCRIBING/EVALUATING PROGRAM

FREMONITOR, Vol. 27 No. 4, "PIP Program is More Than Just Child's Play", February 1991, pgs. 1-2.

Van Ruiten, Jacob. "Catching Them Early". *Thrust for Educational Leadership*, October 1990, pgs. 19-22.

XIV. ADDITIONAL RELEVANT INFORMATION

Unfortunately this program was terminated at the end of the 1993-1994 school year. A combination of the following factors contributed to the termination of the project: a change in school and district administration, increasing demands on psychological services, and a change to local funding as the state grant was finished after three years.

An active program may be found at Greensbrook Elementary School San Ramon, California. Contact Susan Davis, school psychologist and Rainbow Project coordinator, at 510-837-5393.